

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner: Name (first, middle, last)
Social Security Number
Tribal Affiliation/Country (if applicable)
JANE QUEENE DOE
111-22-3333
USA

IV-D Case: ☐ TANF
☐ IV-E Foster Care
☒ Medicaid Only
☐ Former Assistance
☐ Never Assistance

Non-IV-D Case: ☐

Respondent: Name (first, middle, last)
Social Security Number
Tribal Affiliation/Country (if applicable)
JOHN JAMES DOE, JR.
222-33-4444
USA

File Stamp

To: (Agency Name and Address)
DCSS
CA CENTRAL REGISTRY
PO BOX 419
RANCH CORD, CA 95741

Responding FIPS Code 099000 State CA
Responding IV-D Case Identifier 20000000999999
Responding Tribunal Number SFL99999 UR

From: (Contact Person, Agency, Address, Phone, FAX, E-mail)
C WORKER
INGHAM COUNTY FRIEND OF THE COURT
30 W. KALAMAZOO
PO BOX 400
LANSING, MI 48901
(517) 444-6666
(517) 488-1111 FAX

Initiating FIPS Code 260666 State MI
Initiating IV-D Case Identifier 999999999
Initiating Tribunal Number 2011999999 UI

Send Payments To: (if different from above)
MISDU
P.O. BOX 30352
LANSING, MI 48909-7852

Payment FIPS Code P260666 State MI
Bank Account _____ Routing Code _____

I. Action The Responding Jurisdiction Should Provide All Appropriate Services Including: (Please Return the Acknowledgment Attached)

- | | |
|--|---|
| 1. <input type="checkbox"/> Establishment of Paternity | 7. <input type="checkbox"/> Registration of Foreign Support Order(s): |
| 2. <input type="checkbox"/> Establishment of Order for: | A. <input type="checkbox"/> For Enforcement Only |
| A. <input type="checkbox"/> Current Child Support, Including Medical Support | B. <input type="checkbox"/> For Modification and Enforcement |
| B. <input type="checkbox"/> Retroactive Child Support | C. <input type="checkbox"/> For Modification Only |
| C. <input type="checkbox"/> Medical Support Only | D. <input type="checkbox"/> For Tribunal Determination of Controlling Order |
| D. <input type="checkbox"/> Spousal Support | Including Arrears Reconciliation |
| E. <input type="checkbox"/> Costs and Fees (Use Sec. VII) | Requested by <input type="checkbox"/> Obligor <input type="checkbox"/> Oblige <input type="checkbox"/> State Agency |
| 3. <input type="checkbox"/> Enforcement of Responding Tribunal Order | (Requires Sworn Statement of Arrears) |
| 4. <input type="checkbox"/> Modification of Responding Tribunal Order | 8. <input type="checkbox"/> Collection of Arrears Only |
| 5. <input type="checkbox"/> Change IV-D Payee of Responding Tribunal Order | 9. <input type="checkbox"/> Income Withholding |
| 6. <input checked="" type="checkbox"/> Redirect Payment to Oblige State | 10. <input type="checkbox"/> Administrative Review for Federal Tax Refund Offset |
| | 11. <input type="checkbox"/> Other _____ |

II. Case Summary (Background of this Matter: Court/Administrative Actions)

Date of Support Order 12/27/2011	State & Country or Tribe Issuing Order CA USA	Tribunal Case Number 2011999999
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$0.00
		Period of Computation _____ thru _____
<input type="checkbox"/> Tribunal Determined Controlling Order		
<input type="checkbox"/> Presumed Controlling Order		

Date of Support Order	State & Country or Tribe Issuing Order	Tribunal Case Number
Support Amount/Frequency	Date of Last Payment	Period of Computation
\$		\$
		_____ thru _____
<input type="checkbox"/> Presumed Controlling Order		

Date of Support Order	State & Country or Tribe Issuing Order	Tribunal Case Number
Support Amount/Frequency	Date of Last Payment	Period of Computation
\$		\$
		_____ thru _____
<input type="checkbox"/> Presumed Controlling Order		

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST Initiating IV-D Case Identifier 999999999**III. Mother Information**☐ Obligor ☒ Oblige

Full Name (first, middle, last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)
JANE QUEENE DOE 54 DISNEY LANE
SHERWOOD FOREST, MI 49999

Maiden Name, Alias, Former Married Name, Nickname, etc.

Home Phone [X] Address Confirmed 9/26/2011 [] Employer Confirmed _____
Work Phone _____ Date _____ Date _____
Date/Place of Birth 04/01/1982 OZ Social Security Number 111-22-3333
Date Place

IV. Father Information☒ Obligor ☐ Oblige

Full Name (first, middle, last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)
JOHN JAMES DOE, JR. 123 DAFFY DUCK CIRCLE
FUDGE TOWN, MI 49991 TOYS B US
111 WORKER WAY
LANSING, MI 48911

Alias, Nickname

Home Phone [X] Address Confirmed 9/26/2011 [X] Employer Confirmed 9/26/2011
Work Phone _____ Date _____ Date _____
Date/Place of Birth 04/01/1980 SHANGRILA Social Security Number 222-33-4444
Date Place

V. Caretaker

Relationship to Child(ren) _____

Full Name (first, middle, last) [] Has Legal Custody/Guardianship of Child(ren) (copy of order attached)
Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Maiden Name, Alias, Former Married Name, Nickname, etc.

Home Phone [] Address Confirmed _____ [] Employer Confirmed _____
Work Phone _____ Date _____ Date _____
Date/Place of Birth _____ Sex _____ Social Security Number _____
Date Place M/F

VI. Dependent Children Information

Full Legal Name (first, middle, last) City, State, Date of Birth Sex Social Security Number State of Residence
JOHNNY JAMES DOE SHERWOOD, MI, 04/01/1999 Male 123-45-6789 MI
for 6 months
Born Out of Wedlock [] Yes [X] No If established, Paternity Establishment Date _____

Full Legal Name (first, middle, last) City, State, Date of Birth Sex Social Security Number State of Residence
JANEY JUNE DOE SHERWOOD, MI, 04/01/1999 Female 234-56-7890 MI
for 6 months
Born Out of Wedlock [] Yes [X] No If established, Paternity Establishment Date _____

VII. Additional Case Information

Please redirect payments through Michigan as the payee has requested IV-D services here. Thank you.

☐ Additional Case Information Attached ☐ Nondisclosure Finding Attached**VIII. Attachments** (Supporting Documentation)

<input type="checkbox"/> Arrears Statement/Payment History	<input type="checkbox"/> Notice of Determination of Controlling Order
<input type="checkbox"/> Uniform Support Petition	<input type="checkbox"/> Support Order(s)
<input type="checkbox"/> General Testimony/Affidavit	<input type="checkbox"/> Divorce Decree
<input type="checkbox"/> Affidavit in Support of Establishing Paternity	<input type="checkbox"/> Assignment of Rights
<input type="checkbox"/> Acknowledgment of Parentage	<input type="checkbox"/> Description of Real/Personal Property
<input type="checkbox"/> Other Documents Relating to Paternity	<input type="checkbox"/> Photograph of Respondent
	<input type="checkbox"/> Other Attachments

March 29, 2012 Cassandra Case Worker (517) 555-1212
Date Initiating Contact Person (first, middle, last) Telephone Number & Extension
FAX: (517) 555-1313 E-mail: _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner: Name (first, middle, last) IV-D Case: ☐ TANF
Social Security Number ☐ IV-E Foster Care
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P.O. BOX 30352
LANSING, MI 48909-7852

Payment FIPS Code P260666 State MI
Bank Account _____ Routing Code _____

ACKNOWLEDGMENTS**Return This Form to Initiating State**

- ☐ Request Received and No Additional Information is Necessary
☐ Additional Information Needed
☐ Arrears Statement/Payment History ☐ Support Order(s)
☐ Uniform Support Petition ☐ Divorce Decree
☐ General Testimony/Affidavit ☐ Assignment of Rights
☐ Affidavit in Support of Establishing Paternity ☐ Description of Real/Personal Property
☐ Acknowledgment of Parentage ☐ Photograph of Respondent
☐ Other Documents Relating to Paternity ☐ Other (See Remarks)
☐ Remarks/Response
☐ Your Case has been Forwarded for Action to:

Name of Worker (first, middle, last) _____

Agency Name _____

Address, FIPS code _____

Phone & Extension _____

FAX _____

Date _____

Person Completing Form (first, middle, last) _____

Telephone Number & Extension _____

FAX: _____

E-mail: _____